FORM D

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

1400128

OMB APPROVAL									
OMB Number:	3235-0076								
Expires:	April 30, 2008								
Estimated averag	e burden								
Hours per respon	se: 16.00								
SECTISE ONLY									

ONLY
Serial
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	UNIFORM LIMITED OF	FERING EXE	MPHON							
Name of Offering (check NS Capital Partners	if this is an amendment and name h II, L.P.	as changed, ar	nd indicate chan	ge.)						
Filing Under (Check box(es) th	at apply): Rule 504 Rule	505 🛭 Rule	506 Sect	ion 4(6) 🔲 U	LOE					
Type of Filing: New Fi	ling Arnendment									
	A. BASI	C IDENTIFIC	ATION DATA							
1. Enter the information reques			07054302							
Name of Issuer (check if the NS Capital Partners	is is an amendment and name has c II, L.P.	hanged, and in	dicate change.)		01004001					
Address of Executive Offices (N	lumber and Street, City, State, Zip (ie, 17th Floor, New York, NY	,		Telephone	Telephone Number (Including Area Code) 212-259-0800					
Address of Principal Business C (if different from Executive Off	Operations (Number and Street, City ices)	, State, Zip Co	de)	Telephone	Telephone Number (Including Area Code)					
Brief Description of Business	To operate as a private investme	nt limited parts	nership.							
Type of Business Organization				<u>.</u>						
☐ corporation	limited partnership, alro	eady formed	☐ ot	her (please spe	er (please specify):					
business trust	☐ limited partnership, to l	oe formed				MAY 2 2 2007				
Actual or Estimated Date of Inc	orporation or Organization:	Month 03	Year 07		Estimated	THOMSON				
Jurisdiction of Incorporation or	Organization (Enter two-letter U.S. CN for Canada; FN			or State:	DE					

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

	· · · · · · · · · · · · · · · · · · ·		A. BASIC IDEN	TIFICATION DATA		
2.	Enter the informati	on requested for the				
		•	e issuer has been organized	within the past five years;		
	o Each beneficity of the issuer;	al owner having th	e power to vote or dispose,	or direct the vote or disposition	n of, 10% or more o	of a class of equity securities
		e officer and direc	tor of corporate issuers and	of corporate general and mana	ging partners of par	tnership issuers: and
			ner of partnership issuers.	1 0		, ,
Check	Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	Managing General Partner
Full N	ame (Last name first, i LCS, LLC	f individual)				
Busine	ess or Residence Addre		er and Street, City, State, Zip New York, NY 10022	Code)		
Check	Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	Managing Member of LCS, LLC the Managing General Partner
	ame (Last name first, i Levin, John A.	<u> </u>				
Busine	ess or Residence Addre	The state of the s	er and Street, City, State, Zip New York, NY 10022	Code)		
Check	Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	☐ General Partner
Full N	ame (Last name first, i					
Busine	ss or Residence Addre	ess (Numbe	er and Street, City, State, Zip New York, NY 10022	Code)		
Check	Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	Managing Member of NJS Capital, L.L.C. a General Partner
Full N	ame (Last name first, i Stein, Neil J.	f individual)				
Busine	ss or Residence Addre 595 Madison Ave		r and Street, City, State, Zip New York, NY 10022	Code)		
Check	Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full N	ame (Last name first, i	f individual)				
Busine	ess or Residence Addre	ess (Number	er and Street, City, State, Zip	Code)		
Check	Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full N	ame (Last name first, i	f individual)				· · · · · · · · · · · · · · · · · · ·
Busine	ess or Residence Addre	ess (Numbe	r and Street, City, State, Zip	Code)		
Check	Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full N	ame (Last name first, i	f individual)				
Busine	ss or Residence Addre	ess (Numbe	r and Street, City, State, Zip	Code)		

					В.	INFORM <i>A</i>	TION AB	OUT OFFE	ERING				• "
t.						I, to non-ac g under UL		vestors in t	his offering	;?	Yes		
2.	What is	s the minin	num investi	ment that w	vill be acce		my individ	ual iounts.			<u>\$1</u>	<u>,000,000</u> *	
3. 4.	Enter the remune agent of	he informa cration for soft a broker soft to be lister	tion reques solicitation or dealer re	ted for each of purchasegistered w	h person w ers in conn ith the SEC	ho has beer ection with and/or wit	n or will be n sales of se th a state on	curities in t states, list	en, directly the offering the name o	or indirec If a person the broke	tly, any co on to be lis r or dealer	mmission of sted is an as . If more the	sociated person or
Full Na	,		t, if individ	ual)				•					
Busine	ss or Res	idence Ade	dress (Num	ber and St	reet, City, S	State, Zip C	ode)			<u>.</u>	<u> </u>	-	
Name o	of Associ	ated Broke	or Dealer									_	
			ted Has So or check in			olicit Purch	asers					AI	II States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	(DE) [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Na	me (Las	t name firs	t, if individ	ual)								<u> </u>	
Busine	ss or Res	idence Ado	dress (Num	ber and Str	eet, City, S	State, Zip C	ode)					-	
Name o	of Associ	ated Broke	r or Dealer	·				<u> </u>				•	
			ted Has So or check in			olicit Purch	asers					Al	1 States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Na	me (Las	t name first	t, if individ	ual)	·		•						
Busine	ss or Res	idence Add	tress (Num	ber and Str	reet, City, S	State, Zip C	ode)			· 		•	
Name o	of Associ	ated Broke	r or Dealer	•								•	
			ted Has So or check in			olicit Purch	asers		<u> </u>			Al	l States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already substitutions of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price		Amount Already Sold
	Debt	\$0	\$ 0	
	Equity	\$0	\$ 0	
	[] Common [] Preferred		_	
	Convertible Securities (including warrants)	\$0	\$ 0	ı
	Partnership Interests	\$500,000,000	\$5	,360,000
	Other (Specify)	\$0	\$0	
	Total	\$500,000,000	\$5	,360,000
	Answer also in Appendix, Column 3, if filing under ULOE.			<u> </u>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this off amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have paggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number Investors	A	ggregate Dollar Amount of Purchases
	Accredited Investors	5	\$5	,360,000
	Non-accredited Investors	0	\$0	
	Total (for filing under Rule 504 only)		\$	
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this off type listed in Part C - Question 1.			
	T. COM:	Type of		Dollar
	Type of Offering	Security	1	Amount Sold
	Rule 505		_	\$
	Regulation A		_	\$
	Rule 504		_	\$
	Total		_ .	\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securitie amounts relating solely to organization expenses of the issuer. The information may be given as subjet the amount of an expenditure is not known, furnish an estimate and check the box to the left of the est	ect to future continge		
	Transfer Agent's Fees	[]	\$0
	Printing and Engraving Costs	[x]	\$ *
	Legal Fees	[X]	\$*
	Accounting Fees	[x]	\$*
	Engineering Fees	[]	\$0
	Sales Commissions (specify finders' fees separately)	[]	\$0
	Other Expenses (identify)	[X]	S *

[X] <u>\$100,000</u>*

^{*}All offering and organizational expenses are estimated not to exceed \$100,000.

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	b. Enter the difference between the aggregate offering price give expenses furnished in response to Part C - Question 4.a. This diffissuer."	ference is t	he "ad	juste	d gross procee	ds to th	e		\$499,900,000
5.	Indicate below the amount of the adjusted gross proceeds to the inpurposes shown. If the amount for any purpose is not known, fur estimate. The total of the payments listed must equal the adjusted C - Question 4.b above.	mish an est	imate	and c	heck the box	to the le	:ft c	of the	
					Payments Officers, Directors, Affiliates	&			Payments to Others
	Salaries and fees	************	[]	\$		[]	\$
	Purchase of real estate		ſ]	\$		[]	\$
	Purchase, rental or leasing and installation of machinery and equi	ipment	[]	\$		[1	\$
	Construction or leasing of plant buildings and facilities	************	ĺ]	\$	_	[]	\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the ass securities of another issuer pursuant to a merger)	ets or	1]	\$		[]	\$
	Repayment of indebtedness	************	{	}	\$		[}	\$
	Working capital		[]	\$		[]	\$
	Other (specify): Investments in NS Capital Master Fund, Ltd.		Į]	\$		[X	.]	\$499,900,000
	Column Totals		Į]	\$		[X	[]	\$499,900,000
	Total Payments Listed (column totals added)				[X]	\$49	9,90	00,00	00
	D PET	DERAL SIC	NAT	HDE					<u>-</u> -
sig	e issuer has duly caused this notice to be signed by the undersigned nature constitutes an undertaking by the issuer to furnish to the U.S ormation furnished by the issuer to any non-accredited investor pure	duly author	rized and E	perso Excha	n. If this noti	ion, upo	ed i	inde vritte	r Rule 505, the fi en request of its
Iss	uer (Print or Type)	Signature	1					D	ate
NS	Capital Partners II, L.P.	Dunk	10	1	4				5/7/07
Na	ne of Signer (Print or Type)	Title of Sig	ner (P	rint c	or Type)				•
D a		•	ice C nagei		in Car	ita	l Str	ategies, L.P., t	

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ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 10001.)

	, I	E. STATE SIGNATURE									
1.	Yes Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?										
	See Appendix, Colum	nn 5, for state response. Not applicable									
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law. Not applicable										
3.	The undersigned issuer hereby undertakes to furnish to the offerees. Not applicable	ne state administrators, upon written request	t, information furnished by the issuer to								
4.	The undersigned issuer represents that the issuer is famil Offering Exemption (ULOE) of the state in which this exemption has the burden of establishing that these conditions that these conditions is the state of	s notice is filed and understands that the									
	e issuer has read this notification and knows the content dersigned duly authorized person.	ts to be true and has duly caused this no	tice to be signed on its behalf by the								
Iss	uer (Print or Type)	Signature	Date								
NS	Capital Partners II, L.P.	Para Oths	5/7/07								
Na	me (Print or Type)	Title (Print or Type)									
Ra	ymond Ottusch	Chief Compliance Officer of Level Investment Manager	vin Capital Strategies, L.P., the								

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

NS CAPITAL PARTNERS II, L.P.

	т			APITAL PA	KINEKSII	, L.F.					
1	2		3		5 Not Applicable Disqualification under State ULOE						
	Intend to non-acc invest Sta (Part B-	redited ors in ite	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of in	Type of investor and amount purchased in State (Part C-Item 2)						
			Limited Partnership	Number of		Number of Non-					
State	Yes	No	Interest \$500,000,000	Accredited Investors	Amount	Accredited Investors	Amount	Yes	No		
AK	103		•		Timoun	investore.	Timount	1 03	110		
AL	<u> </u>				·						
AR					·				·		
AZ											
CA											
СО					·						
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MA											
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ME											
MI											
MN											
МО											
MS				•	A' '741						
MT											
NC											

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SEC 1972 (1/94)

APPENDIX

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NS CAPITAL PARTNERS II, L.P.

	NS CAPITAL PARTNERS II, L.P. 1 2 3 4 5																	
I	Intend to non-acc invest Sta (Part B-	o sell to redited ors in ite	Type of second and aggrege offering proffered in second (Part C-Iter	ate ice tate	Not Applicable Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)													
State	Yes	No	Limited Partnership Interest \$500,000,000		Partnership Interest		Partnership Interest		Partnership Interest		Partnership Interest		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
ND																		
NE	<u> </u>																	
NH						·	1											
NJ					-													
NM									· · · · · · · · · · · · · · · · · · ·									
NV																		
NY		Х	X		5	\$5,360,000	0	0										
ОН																		
ОК																		
OR																		
PA																		
PR																		
RI																		
SC																		
SD	<u> </u>																	
TN						<u> </u>												
TX																		
UT																		
VA																		
VI																		
VT																		
WA																		
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WY																		

